


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006557 (0)**

1. Corporation Name

**ANNA MARIA ISLAND CHRISTIAN FOUNDATION CENTURION  
PRODUCTIONS, INC.**

Principal Place of Business	Mailing Address
POST OFFICE BOX 900 ANNA MARIA FL 34216	POST OFFICE BOX 900 ANNA MARIA FL 34216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/26/1996</b>	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
PACE, JOHN A 105 39TH STREET HOLMES BEACH FL 34217	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	MCCULLOUGH, JAMES E
STREET ADDRESS	POST OFFICE BOX 900
CITY-ST-ZIP	ANNA MARIA FL 34216
TITLE	PD <input type="checkbox"/> DELETE
NAME	PACE, JOHN A
STREET ADDRESS	POST OFFICE BOX 900
CITY-ST-ZIP	ANNA MARIA FL 34216
TITLE	VD <input type="checkbox"/> DELETE
NAME	PACE, KIM L
STREET ADDRESS	POST OFFICE BOX 900
CITY-ST-ZIP	ANNA MARIA FL 34216
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	MEM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES E. McCullough
1.3 STREET ADDRESS	203 LAKEVIEW Drive
1.4 CITY-ST-ZIP	ANNA MARIA FL 34216
2.1 TITLE	President, Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN A. PACE
2.3 STREET ADDRESS	203 LAKEVIEW Drive
2.4 CITY-ST-ZIP	ANNA MARIA FL 34216
3.1 TITLE	Vice-President, Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KIM L. PACE
3.3 STREET ADDRESS	203 LAKEVIEW Drive
3.4 CITY-ST-ZIP	ANNA MARIA FL 34216
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (4/97)